

State Of New Hampshire - Annual Report to the Bank Commissioner
As of December 31, 200__

Institution: _____

Address: _____

Tel. No. _____ Fax No. _____

E-mail Address (for public use) _____

Website Address _____

Surety Bond Coverage _____

Branches (full address, tel. no.) Include out-of-state and international branches.

Officers, SVP and above (full name and title)

President:	Manager:

Directors (full name, and committees serving on, Audit, Investment, Trust, e.g.)

Chair:	

The information detailed on this form is correct to the best of my knowledge as of December 31, 200__.

Signature of President/Manager: _____

Date signed: _____